

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 12-12-10

Address: 5900 BLOCK OF

Case #: 45-52049

BOGARDUS RD

County: SCOTT

AUSTIN, IN

## **Type of Laboratory Seizure (check one)**

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## **Seizure Location (check all that apply)**

- ☐ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☒ Open - No Structure  
☐ Other:

## **Items Found: Location (bedroom, kitchen, open air, etc)**

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): open  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: open  
☒ Water Reactive Metal (Lithium): open  
☒ Anhydrous Ammonia: open  
☒ Hydrochloric Acid Gas Generator(s): open  
☒ Corrosive Acid: OPEN  
☐ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## **Child under age 18 discovered (check one)**

- ☐ Yes 0 (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## **Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

## **This report is to be faxed to the following agencies that serve the location:**

Fire Department: JENNINGS TWP

Fax: 812-794-3818

Health Department: SCOTT CO

Fax: 812-752-6023

Child Protection Service: SCOTT CO

Fax: 812-752-6568

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: JACKIE SMITH Phone 812-246-5424

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.